



**TOWN OF ACTON**  
472 Main Street  
Acton, Massachusetts, 01720  
Telephone (978) 264-9612  
Fax (978) 264-9630

**Don P. Johnson**  
Town Manager

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April 29, 2005

The Acton Beacon:

**Atten: ACTON BEACON LEGAL REPRESENTATIVE**

Please place the following Legal **Notice** in the Thursday, May 5, 2004 edition of the Acton Beacon. *Please send bill to:*

Mr. Stephen Silverstein  
24 High Street  
Dartmouth, MA 02748  
(508) 996-8829

Very truly yours,

Christine M. Joyce  
Town Manager's Office

**Please confirm receipt of this Fax to: Christine @ 978-264-9612**  
**FAX 978-264-9630**

**Town of Acton**  
**Notice of Hearing**

Notice is hereby given under Chapter 138 of the General Laws, that the Board of Selectmen will hold a hearing in Room 204 in the Acton Town Hall on May 23, 2005 at 7:45 P.M. on the application of Not Your Average Joe's, Manager, Stephen Silverstein, for a All Alcoholic Beverage License as a Common Victualler at 291-307 Main Street, Acton, MA.

**ACTON BOARD OF SELECTMEN**

**TOWN OF ACTON**  
472 Main Street  
Acton, Massachusetts, 01720  
Telephone (978) 264-9612  
Fax (978) 264-9630

**Don P. Johnson**  
**Town Manager**

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April 29, 2005

Mr. Stephen Silverstein  
24 High Street  
Dartmouth, MA 02748

Dear Mr. Silverstein:

Enclosed please find a copy of advertisements to appear in the Acton Beacon on Thursday, May 5, 2005, at your expense.

The ABCC requires the time and date of such hearing for a license be placed in the local newspaper. Your hearing is scheduled for May 23, 2005 at 7:45 P.M. in Room 204 of the Acton Town Hall.

You must notify the abutters of your application by certified Mail Return receipt prior to the hearing. You may obtain a certified list from the Acton Assessor's Office. You are required to turn in the Green cards as proof of notification at the meeting on May 23, 2005.

Your Liquor Serving Policy looks in good order except for changing your policy to read to "Card" those who look under 50, not 30.

If you have any questions prior to that date, please feel free to call me at 264-9612.

Very truly yours,

Christine M. Joyce  
Town Manager's Office

cc: File  
{blankabc.Doc.}



D'AGOSTINE, LEVINE, PARRA & NETBURN, P.C.

Attorneys at Law

Louis N. Levine  
F. Alex Parra  
Cathy S. Netburn  
Lisa Bergemann

268 Main Street | P.O. Box 2223 | Acton, MA 01720  
tel 978.263.7777  
fax 978.264.4868

Of Counsel  
Julian J. D'Agostine

May 6, 2005

**VIA CERTIFIED MAIL**

**RETURN RECEIPT REQUESTED 70001670000908276179**

Mr. William Ryan, Superintendent  
Acton Boxborough Regional School and Acton Public Schools  
16 Charter Road  
Acton, MA 01720

Re: Application of Not Your Average Joe's, Inc. for Alcohol Beverage License  
as Common Victualer at 297-301 Main Street, Acton

Dear Mr. Ryan:

In connection with the proposed opening of a restaurant by Not Your Average Joe's, Inc., at the Acton Plaza, 297-301 Main Street, Acton, enclosed please find notice of hearing on the application of Not Your Average Joe's, Inc. for an Alcohol Beverage License as a common Victualer.

Pursuant to G.L. c. 138, §15A:

"The notice sent to such school...shall indicate the necessity of a written objection to prevent the issuance... of such license under the provisions of [G.L. c. 138] section sixteen C."

If you should have any questions concerning the foregoing application please do not hesitate to contact me.

Very truly yours,  
NOT YOUR AVERAGE JOE'S, INC.  
By its Attorneys,  
D'AGOSTINE, LEVINE, PARRA & NETBURN, P.C.

By: 

F. Alex Parra

e-mail: [faparra@dlpnlaw.com](mailto:faparra@dlpnlaw.com)

FAP/tah

Enclosure

cc: Acton Board of Selectmen  
Client

**TOWN OF ACTON**  
472 Main Street  
Acton, Massachusetts, 01720  
Telephone (978) 264-9612  
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**Don P. Johnson**  
Town Manager

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April 29, 2005

**Town of Acton  
Notice of Hearing**

Notice is hereby given under Chapter 138 of the General Laws, that the Board of Selectmen will hold a hearing in Room 204 in the Acton Town Hall on May 23, 2005 at 7:45 P.M. on the application of Not Your Average Joe's, Manager, Stephen Silverstein, for a All Alcoholic Beverage License as a Common Victuller at 291-307 Main Street, Park, Acton, MA.

**ACTON BOARD OF SELECTMEN**

**Christine Joyce**

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**From:** Robert Craig

**Sent:** Monday, May 09, 2005 9:52 AM

**To:** Christine Joyce

**Subject:** Liquor License and Common Victualler's License- Not Your Average Joe's. 291-307 Main Street

Christine:

Please be advised that I have no comment or objection to issuance of this license.

Chief Craig

5/9/2005

# Acton Police Department

## InterDepartmental Memo

**From:** Frank J. Widmayer, Chief of Police

**Date:** May 16, 2005

**To:** Don Johnson, Town Manager

**Subj:** Not Your Average Joe's Liquor License

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I have reviewed the liquor license and common victualler's license applications from Not Your Average Joe's.

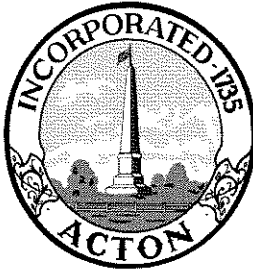
I have no objection to the issuance of either license.

I recommend that the Board require a change in the serving policy on page two (item 2.b.1) to check for ID for anyone under age 50 as it was changed in script on page one.



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Frank J. Widmayer  
Chief of Police



**TOWN OF ACTON**  
**Health Department**  
472 Main Street  
Acton, Massachusetts, 01720  
Telephone (978) 264-9634  
Fax (978) 264-9630

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May 6, 2005

To: Don Johnson, Town Manager

From: Heather Marceau, CEHT, Health Agent

Re: Liquor License and Common Victualler License Request - Not Your Average Joe's, Inc.


The Health Department has reviewed the application for the Common Victualler License and Liquor License submitted by Not Your Average Joe's, 291-307 Main Street. At this time, we have not received any communication from this proposed establishment and cannot make a recommendation of approval.

**TOWN OF ACTON**

**Building Department**

***INTERDEPARTMENTAL COMMUNICATION***

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**To:** Don P. Johnson, Town Manager **Date:** May 9, 2005  
**From:** Garry A. Rhodes, Building Commissioner   
**Subject:** Liquor License and Common Victualler's License  
Not Your Average Joe's 291-307 Main Street

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I have reviewed the application. I do not have any comments.



Bldg.

## Town Manager's Office

### INTERDEPARTMENTAL COMMUNICATION

4/29/05

**From:** Christine Joyce, Town Manager's Office

**Subject:** Liquor License and Common Victualler's License- Not Your Average Joe's  
291-307 Main Street

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Enclosed please find a copy of the application for a Full Liquor license for Not Your Average Joe's

The public hearing is scheduled for **7:45, on May 23, 2005..**

{blankabc.Doc.}

\* Delete the inapplicable words.

\*\*Please provide the name and residential address of the assistant clerk if he/she is executing this certificate of change.

**FORM A  
LICENSEE PERSONAL INFORMATION SHEET**

**THIS FORM MUST BE COMPLETED FOR EACH:**

- ☒ **A. NEW LICENSE APPLICANT**  
☐ **B. APPOINTMENT OR CHANGE OF MANAGER IN A CORPORATION**  
☐ **C. TRANSFER OF LICENSE (RETAIL ONLY-SEC.12 & SEC.15)**

(Please check which transaction is the subject of an application accompanying this Form A.)

**PLEASE TYPE OR PRINT ALL INFORMATION**

**ALL QUESTIONS MUST BE ANSWERED AND TELEPHONE NUMBERS PROVIDED OR APPLICATION WILL NOT BE ACCEPTED**

1. LICENSEE NAME: Not Your Average Joe's, Inc  
(NAME AS IT WILL APPEAR ON THE LICENSE)  
2. NAME OF (PROPOSED) MANAGER: Stephen Silverstein  
3. SOCIAL SECURITY NUMBER: 012-36-8791  
4. HOME (STREET) ADDRESS: 24 High St. Dartmouth MA 02748  
5. AREA CODE AND TELEPHONE NUMBER (S): (give both, your home telephone and a number at which you can be reached during the day).

DAY TIME# 508-991-5637 x6 HOME# 508-328-9859

6. PLACE OF BIRTH: New Bedford MA 7. DATE OF BIRTH 5/25/59

8. REGISTERED VOTER: ☒ YES ☐ NO 8a. Where? \_\_\_\_\_

9. ARE YOU A U.S. CITIZEN: ☒ YES ☐ NO

10. COURT AND DATE OF NATURALIZATION: \_\_\_\_\_  
(Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth Certificate or Naturalization Papers)

11. FATHER'S NAME: Joseph Silverstein 12. MOTHER'S MAIDEN NAME: Jean Goldstein

13. IDENTIFY YOUR CRIMINAL RECORD, IF ANY (Massachusetts, Military, any other State or Federal):  
None

14. ANY OTHER ARREST OR APPEARANCE IN CRIMINAL COURT CHARGED WITH A CRIMINAL OFFENSE REGARDLESS OF FINAL DISPOSITION:

\_\_\_\_\_ YES ☒ NO (MUST CHECK EITHER YES OR NO)

15. PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY: ☒ YES ☐ NO  
IF YES, PLEASE DESCRIBE:

10 yrs owner operator Not Your Average Joe's full service restaurants

16. FINANCIAL INTEREST, DEIRECT OR INDIRECT, IN ANY OTHER LIQUUOR LICENSE, PERMIT OR CERTIFICATE:   X   YES            NO

IF YES, PLEASE DESCRIBE:

financial interest in all locations - see attached listing

17. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address, Telephone Numbers):

1994-present founder, President Not Your Average Sex, Inc.

18. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: 50<sup>+</sup>

18. I HEARBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BY:   
MANAGER SIGNATURE

DATE

PROPOSED

# The Commonwealth of Massachusetts

Alcoholic Beverage Control Commission  
239 Causeway Street  
Boston, MA 02114

## Application for Alcoholic Beverage License for Retail Sale

City/Town: Acton

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> New License | <input type="checkbox"/> New Officer/Director |
| <input type="checkbox"/> Transfer of License    | <input type="checkbox"/> Other _____          |
| <input type="checkbox"/> Transfer of Stock      | (specify)                                     |

### SECTION 1:

Name to Appear on the License: Not Your Average Joe's, Inc

Business Name (d/b/a, if different): Not Your Average Joe's

Manager of Record: Stephen Silverstein FID of Licensee: 04-3461276

Address of Premises: Acton Plaza 1 291-307 Main St. Suite #30 Zip Code: 01720

Phone Number of Premises: To Be Determined

### SECTION 2: Type of License: (check one only)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Club               | <input type="checkbox"/> Package Store         | <input type="checkbox"/> Veterans Club |
| <input type="checkbox"/> General on Premise | <input checked="" type="checkbox"/> Restaurant | <input type="checkbox"/> Other         |
| <input type="checkbox"/> Hotel              | <input type="checkbox"/> Tavern                |  |

### SECTION 3: License Category

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> All Alcoholic           | <input type="checkbox"/> Wine and Malt |
| <input type="checkbox"/> Malt Only                          | <input type="checkbox"/> Wine Only     |
| <input type="checkbox"/> Wine and Malt with Cordials Permit |  |

### SECTION 4: License Class

- |  |                                   |
|--|-----------------------------------|
| <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Seasonal |
|--|-----------------------------------|

### SECTION 5: Person (attorney if applicable) who can be contacted concerning this application

Name: F. Alex Parra D'Agostine, Levine, Parra & Netburn

Address: 268 Main St. PO Box 223 Acton MA 01720

Phone Number: 978-263-7177

**SECTION 6:** Give a full description of the premises to be licensed, including location of all entrance and exits: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 6(a):**  
 Seating Capacity: 200 Occupancy Number: \_\_\_\_\_  
Copy of Floor Plan attached

**SECTION 7:**

Applicant is an:

- ( ) Association (X) Corporation ( ) Individual  
 ( ) Partnership ( ) Non-profit Corporation ( ) LLC

**SECTION 8** If applicant is an individual or partnership – List for individual or each partner:

FULL NAME	HOME ADDRESS	DOB	SSN
Not Applicable			

**SECTION 8(a):** Is individual or all partners United States Citizens? ( ) Yes ( ) No

If no, specify citizenship: \_\_\_\_\_

**SECTION 8(b):** Is individual or all partners involved at least twenty-one years old? ( ) Yes ( ) No

**SECTION 9:** If the applicant is a corporation, complete the following:

State of Incorporation: Delaware Date of Incorporation: March 29, 1999

Fiscal Year Ends: December 31 Date qualified to do business in MA: June 25, 1999

**SECTION 9(a):** How many shares of stock are authorized: \_\_\_\_\_ How many are issued: \_\_\_\_\_  
15,000,000 common and 11,000,000 preferred / 2,605,589 common and 6,870,034 preferred

Provide in the box the names of all officers, directors, stockholders and manager.

Use \* to indicate director.

Title	Full Name	Home Address	DOB	SSN	Shares of Stock Owned or Controlled
	See Exhibit A - Officers & Directors				

**SECTION 9(b):** Attach a copy of the vote by the Board of Directors appointing a manager or principal representatives. *Please see attached Clerk's Certificate*

**SECTION 9(c):** If the applicant is a corporation, answer the following questions:

**For Package Store (§15) license:**

- A. Are all Directors United States Citizens? ☒ Yes ☐ No  
 B. Are a majority of Directors Massachusetts Residents? ☒ Yes ☐ No  
 C. Is the Manager or Principal Representative a U.S. Citizen? ☒ Yes ☐ No

**For Club, General On Premise, Hotel, Restaurant, Tavern, Veterans Club and Other (§12) license:**

- A. Are at least 50% of the Directors United States Citizens? ☒ Yes ☐ No  
 B. Is the Manager or Principal Representative a U.S. Citizen? ☒ Yes ☐ No

**SECTION 10:** If the applicant is an association, provide in the box below the names of all association officers and members.

Title	Full Name	Home Address	DOB	SSN	Phone Number
<i>Not applicable</i>					

**SECTION 10(b):** Attach a list of all members of the LLC.

**SECTION 11:** Will there be any construction, remodeling, redecorating, or building on the premises for this license? ☒ Yes ☐ No (If yes complete a,b,c and d)

- a.) Give an exact description of the construction, remodeling, redecorating or building on the premises: \_\_\_\_\_

*Complete renovation to restaurant space*

- b.) What are the estimated costs: *\$750,000.00*

- c.) What is the construction schedule: *estimated May 15, 2005 - Sept. 1, 2005*

- d.) State all sources of construction financing: *Cash - profits earned from other restaurant ventures*

**SECTION 12:**

Do you own the premises? ☐ Yes ☒ No. If yes, please respond to the question below.

☐ As an individual ☐ Jointly \_\_\_\_\_ Name of Realty Trust

\_\_\_\_\_ Name of Corporation

( ) Other \_\_\_\_\_

(If you do not own the premises to be licensed, provide the following information about the owner.)

Name: E4A Northeast Limited Partnership Phone Number: \_\_\_\_\_

Address: PO Box 528 Columbia South Carolina 29202

SECTION 12(a): If a lease or rental, provide the following information: \$8,900.21 per month  
plus 3% of gross sales in excess of \$3,600,000 (month, year, etc)  
Beginning date of Lease estimated 5/1/05 End date of Lease 5/1/15  
(Provide Copy of Lease)

Please see copy of proposed lease attached, Exhibit B  
FINANCIAL

**SECTION 13:**

What assets were purchased and cost?

Equipment: \$ \_\_\_\_\_ Furniture: \$ \_\_\_\_\_ Goodwill: \$ \_\_\_\_\_

Inventory: \$ \_\_\_\_\_ License: \$ \_\_\_\_\_ Premise: \$ \_\_\_\_\_

SECTION 13(a): Total Purchase Price: \$ \_\_\_\_\_

SECTION 13(b): Identify below all sources of financing:

Mortgage: \$ \_\_\_\_\_ Seller: \$ \_\_\_\_\_

Cash: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_  
(specify)

Document all sources e.g. Loan Papers, Checking Accounts, Stock Sales, etc.

SECTION 13(c): All other terms and conditions: \_\_\_\_\_  
(provide purchase and sale documents)

SECTION 13(d): Are you seeking approval for license to be pledged: ( ) Yes ( ) No

If yes, to whom: \_\_\_\_\_

SECTION 13(e): Will the inventory be pledged: ( ) Yes ( ) No

If yes, to whom: \_\_\_\_\_

SECTION 13(f): If a corporation, are you seeking approval for any corporate stock to be pledged:

( ) Yes ( ) No

If yes, to whom: \_\_\_\_\_

### OWNERSHIP INTERESTS

**SECTION 14:** State the following information for all persons or entities who will have any direct or indirect beneficial or financial interest in this license:

Full Name	Home Address	DOB	SSN	Phone Number
See Exhibit A - Officers & Directors				

**SECTION 14(a):** Describe all types of beneficial or financial interest each person or entity identified in Question 14 will have in this license:

Person or Entity	Beneficial or Financial Interest
See Exhibit C - Ownership Interests	

**SECTION 14(b):** Does any person or entity listed in Question 14 have any direct or indirect beneficial or financial interest in any other license granted under Chapter 138?

☒ Yes                      ☐ No

Name	Type of License	License Name and Address	Description of Interest
See Exhibit D - Other Ownership Interests			

**SECTION 14(c):** Has any person or entity named in Question 14 ever held a license or a beneficial interest in a license issued under Chapter 138 which is not presently held?

☐ Yes                      ☒ No

(If yes, provide the following for each person or entity.)

Name	Type of License	License Name and Address	Date Ownership Surrendered



**SECTION 14(d):** Describe how all licenses in Question 14c were terminated (e.g. transfer of ownership, non-renewal, surrender, etc.)

Date	License	Reason why the License was Terminated
Not applicable		

**SECTION 14(e):** Has any person or entity named in Question 14 ever had a license suspended, revoked or cancelled?

( ) Yes (X) No

(If yes, provide the following information)

Date	License	Reason why the License was suspended, revoked or cancelled

**SECTION 14(f):** Has any person or entity named in Question 14 ever been convicted of violating any state, federal or military law?


( ) Yes (X) No

- SECTION 15:**
- a. Each individual applicant must sign.
  - b. Applications by a partnership must be signed by a majority of the partners.
  - c. Applications by a corporation must be signed by an officer authorized by a vote of the corporations Board of Directors.
  - d. Applications by an association must be signed by a majority of the members if the governing body. All signatures must have answered question 10.
  - e. False information or failure to disclose are reasons to revoke a license or deny a license application.

Signed and subscribed to under the penalty of perjury, this \_\_\_\_\_ day of \_\_\_\_\_, 2005

By: Signature of Full Name

Title

  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Exhibit A**  
**Schedule of Corporation Officers, Directors & Stockholders**  
**Not Your Average Joe's., Inc.**

<u>TITLE</u>	<u>FULL NAME</u>	<u>HOME ADDRESS</u>	<u>DATE OF BIRTH</u>	<u>SS #</u>	<u>PHONE #</u>	
President	Stephen Silverstein	24 High Street Dartmouth, MA 02748	05/25/1959	012-36-8791	(508) 996-8829	
Treasurer	Stephen Silverstein	24 High Street Dartmouth, MA 02748	05/25/1959	012-36-8791	(508) 996-8829	
Clerk	Stephen Silverstein	24 High Street Dartmouth, MA 02748	05/25/1959	012-36-8791	(508) 996-8829	
Director	Stephen Silverstein	24 High Street Dartmouth, MA 02748	05/25/1959	012-36-8791	(508) 996-8829	
Director	Joseph Silverstein	130 Clarendon Street Dartmouth, MA 02714			(508) 994-7634	
Director	William Whelan	39 Turner Street New Bedford, MA 02740	05/15/1941	034-30-1319	(508) 994-7997	
Director	Stephen Karp	One Wells Avenue Newton, MA 02459			(617) 243-7010	
Director	Joseph O'Donnell	55 Cambridge Parkway Cambridge, MA 02142	04/19/1944	010-34-8559	(617) 499 2711 ext 110	
Director	Jeffrey Stone	10 Pequot Way Canton, MA 02021	01/22/1957	025-50-9545	(781) 830-3301	
Director	Edward P. Grace, III	200 South Orange Avenue Orlando, FL 32801	10/03/1950	022-36-0559	(407) 835-7900	

## Responsible Alcohol Service

At Not Your Average Joe's we are driven to provide extraordinary guest service with excellent food and beverage. Our philosophy is:

- Our guests deserve our absolute best performance all the time.
- Food and beverage made to 100% specification.
- Service should compliment the guest experience.
- Policies are guidelines.

These philosophies fall into every area of our operations from menu creation to training. Within this vast area of duties and information is a commitment to the policies and guidelines of responsible alcohol service. As part of your training at NYAJoe's, you will be required to take either a TIPS or BAR CODE training class, if you do not already have one of these two certifications. We adhere to the policies and practices set forth by the TIPS and BAR CODE classes.

In your server or bartender training, you will be introduced to the basic premises of TIPS and/or BAR CODE training. Some of the basic guidelines you will be expected to know and adhere to are as follows:

1. The legal age to purchase an alcoholic beverage in Massachusetts is 21. No one under 21 will be served an alcoholic beverage.
2. Anyone who looks younger than ~~30~~<sup>58</sup> must be asked to provide proper identification, and will not be served if it is not available.
3. Proper identification is a Massachusetts State Driver's License, a Massachusetts State ID card, or a valid U.S. Passport.
4. No one will be served to the point of intoxication.
5. If anyone appears to be intoxicated entering or leaving the restaurant, a manager must be notified immediately.

Not Your Average Joe's takes serving alcoholic beverages seriously, for the safety of both guests and employees. Not adhering to these guidelines is considered terms for dismissal.

We appreciate your understanding and adherence to these guidelines.

## 2. Taking beverage orders

- a. Know your products, NYAJoe's has a full liquor license
  1. Ask guests if they would like to order a beverage, a cocktail or have they seen our wine list.
  2. Be able to suggest both specialty drinks and wine to the guest. Our wine list is set up to be easy for both the guest and the server to use and understand.
  3. Know how to suggest a liquor. If a guest is looking to order a Martini, know what vodkas and gins are available.
  4. We offer a wide variety of non-alcoholic beverages, be familiar with all of them, including bottled sodas and waters.



### b. Beverage Identification Standards

1. Ask for identification when a guest looks under 30.
2. The only forms of ID that are valid in Massachusetts are:
  - a. Massachusetts state drivers license
  - b. Massachusetts liquor ID
  - c. US Passport
  - d. Military ID
3. No guests will be served to the Point of Intoxication

### c. Operating Procedures

1. The pouring of all beer, wine, and spirits is the responsibility of the BARTENDER.
2. Servers are not allowed behind the bar to help themselves.
3. Servers are responsible for most non-alcoholic beverages.
4. All BEVERAGES must be rung in, non-alcoholic and alcoholic
5. No drinks will be prepared unless the bartender has a slip.

### d. Beverage Service Standards

1. ICE SCOOPS must be used - never scoop ice with a glass!
  2. Always use a cocktail tray to carry all drinks to the table
  3. Handle all glasses from the base and never touch the lip on the glass
  4. All cold beverages must be served on a cocktail napkin and be accompanied by a straw.
- e. Beverage Presentation Standards
1. Soft Drinks - filled with ice and  $\frac{1}{2}$ " from the top of the glass
  2. Wine by the glass should be served 1" from the top.
  3. Draft beer should have 1" head of foam.
  4. Small bottles of sparkling water should be opened before serving and placed beside a wine glass with a wedge of lime or lemon and **no ice**. (ask guest for their preference)
- f. Wine Presentation
1. Present wine bottle with the label facing the guest.
  2. Remove the seal with the corkscrew and open.
  3. Pour 2 oz. into the glass of the guest who ordered the wine, and wait until they taste and approve the wine.
  4. Pour additional wine into the guest's glasses that are sharing the wine, and then into the guest that ordered it. Always pour women first.
  5. Place the bottle on the table/bar or in the wine cooler.